

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10-600-937

FILING DATE

06-20-03

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5						
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7						
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10						
11						
12						
13	1					
14						
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16		1				
17		4				
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50						
TOTAL IND.	2					
TOTAL DEP.	37					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						